

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029644

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 319

Primary Registration District No. _____

Registrar's No. 36**FILED JUL 23 1962**

1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVEb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN STE. GENEVIEVE T.S.

Length of stay in 1b

1 YRc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION RAMI

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

STE. GENEVIEVE

admission)

c. CITY
OR
TOWN

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

RAMI

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHNCLARENCE PANCHOT4. DATE
OF
DEATH

Month

Day

Year

JULY141962

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/24/95

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

STE. GENEVIEVE

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOSEPH PANCHOT

13b. MOTHER'S MAIDEN NAME

EMMA HERMAN

14. NAME OF HUSBAND OR WIFE

STELLA NAUMAN15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)YESWARI

16. SOCIAL SECURITY NO.

51

17. INFORMANT

Address

Stella Panchot Ste. Genevieve Mo18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MYOCARDIAL INFARCTIONINTERVAL BETWEEN
ONSET AND DEATH5 minConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

CORONARY OCCLUSION - CORONARY DISEASE3 weeks

DUE TO (c)

ARTERIOSCLEROTIC HEART DISEASE6 mosPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-18-62 to 7-18-62 and last saw her alive on 7-18-62
Death occurred at 1:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL7/17/62VALLE SPRINGSTE. GENEVIEVE MO

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Leo A. Barker Ste. Genevieve Mo16 July 1962George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 14 1962

JUL 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Adrian J. Ehler

Licensed Embalmer No.

4740

P. O. Address

St. Genevieve Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.